

# CALFRESH (CF) PROGRAM

## REQUEST FOR POLICY/REGULATION INTERPRETATION

**INSTRUCTIONS:** Complete items 1 - 10 on the form. Use a separate form for each policy interpretation request. If additional space is needed, please use the second page. Be sure to identify the additional discussion with the appropriate number and heading. Retain a copy of the CF 24 for your records.

- Questions from counties, including county Quality Control, must be submitted by the county CalFresh Coordinator and may be submitted directly to the CalFresh Policy analyst assigned responsibility for the county, with a copy directed to the appropriate CalFresh Policy unit manager.
- Questions from Administrative Law Judges may be submitted directly to the CalFresh Policy analyst assigned responsibility to the county where the hearing took place, with a copy of the form directed to the appropriate CalFresh Bureau unit manager.

1. RESPONSE NEEDED DUE TO:		5. DATE OF REQUEST:	NEED RESPONSE BY:
<input checked="" type="checkbox"/> Policy/Regulation Interpretation <input type="checkbox"/> QC <input type="checkbox"/> Fair Hearing <input type="checkbox"/> Other:		11/05/2012	11/15/2012
2. REQUESTOR NAME: Cindy Chandler		6. COUNTY/ORGANIZATION: Madera County Dept. of Social Services	
3. PHONE NO.: 559-675-2336		7. SUBJECT: LIHEAP and SUA Benefits as of 2013	
4. REGULATION CITE(S): ACL 12-61		8. REFERENCES: (Include ACL/ACIN, court cases, etc. in references) NOTE: All requests must have a regulation cite(s) and/or a reference(s).  ACL 12-61	

9. QUESTION: (INCLUDE SCENARIO IF NEEDED FOR CLARITY):

I have a question regarding sentence on page 2, paragraph 4 indicating CWD's are responsible for determining whether or not a household has previously received the nominal LIHEAP benefit within the federal fiscal year. Since all CalFRESH households will receive a LIHEAP benefit and all CalFRESH households are eligible to SUA effective 1-1-13, what is the impact if a CWD fails to confirm receipt of LIHEAP benefit? If we fail to confirm, the household would receive the SUA any way.

10. REQUESTOR'S PROPOSED ANSWER:

11. STATE POLICY RESPONSE (CFPB USE ONLY):

As stated in ACL 12-61, "The CWDs are responsible for determining whether or not a household has previously received the nominal LIHEAP benefit within the federal fiscal year. This applies to circumstances in which a household has moved from one county to another or is reapplying within the same county in which it was previously receiving benefits. Receipt of the nominal LIHEAP benefit does not disqualify a recipient from receiving other LIHEAP benefits or other utility benefits for which they may qualify."

However, at this time we are not aware of any specific impact if a CWD fails to confirm receipt of previous LIHEAP benefits.

### FOR CDSS USE

DATE RECEIVED:

11/05/12

DATE RESPONDED TO COUNTY/ALJ:

11/07/12

# CALFRESH (CF) PROGRAM REQUEST FOR POLICY/REGULATION INTERPRETATION (Continued)

1. RESPONSE NEEDED DUE TO:	5. DATE OF REQUEST:	NEED RESPONSE BY:
<input type="checkbox"/> Policy/Regulation Interpretation		
<input type="checkbox"/> QC		
<input type="checkbox"/> Fair Hearing		
<input type="checkbox"/> Other:		
2. REQUESTOR NAME:	6. COUNTY/ORGANIZATION:	
3. PHONE NO.:	7. SUBJECT:	
4. REGULATION CITE(S):	8. REFERENCES: <i>(Include ACL/ACIN, court cases, etc. in references)</i> NOTE: All requests must have a regulation cite(s) and/or a reference(s).	